

### 3.2 Program Staffing Information: Wages and Benefits

Please list each individual separately, using as many copies of this form as needed

Position Title	Hours Per Week	Annual Salary	Hourly Wage Rate	Fringe Benefit Category	Check if Employer Pays Fringe Benefit	County of Residence
				Health Insurance		
				Dental Insurance		
				Life Insurance		
				Health Insurance		
				Dental Insurance		
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